

● How organizations are tackling mental health and well-being

Prioritizing people: round table insight summary



Introduction

Nearly two years after the start of the COVID-19 pandemic, prioritizing people is sitting firmly at the top of corporate agendas. During the first year of the pandemic, BSI's 2021 Organizational Resilience Index report showed that those organizations that prioritized their people, not only survived but thrived. A year on and the 2022 reports shows that hybrid working is here to stay and that organizations are focussed on establishing a culture of care; adapting business models and introducing agreed flexible working practices to enable them to focus on being sustainable, trusted, and resilient in the longer term.

Following the publication of the BSI Prioritising People Model® whitepaper in the summer of 2021, which sets out a best practice framework for creating a culture of care based on trust, engagement and well-being, BSI was pleased to 'virtually' host a range of clients to discuss this important topic. Following we summarize some of the key findings and insights. We are grateful to all the participants for freely sharing their knowledge and experience in this area. As this topic can be organizationally sensitive, we have refrained from directly attributing

comments to named individuals or companies, but all the views expressed come from relevant leaders within the organizations.

BSI convened an online 'roundtable' to facilitate BSI clients to share their perspectives, challenges and solutions on effective management of mental health and well-being in large, complex organizations.



Kate Field, Global Head of Health, Safety and Well-being, BSI

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Summary

During the roundtable discussion, participants raised several key opportunities for their organizations, including:

- How to clearly define their mental health and well-being strategy and deliver it consistently across a complex organization
- How best to focus on actual organizational psychosocial risk management, as opposed to individual resilience initiatives
- How to achieve effective communication and engagement across a diverse organization
- How to manage the mental health impact of COVID-19 and measures to cope with the pandemic, particularly in relation to individuals working from home
- How to measure the effectiveness of strategies and measures to promote mental health and well-being.



● Starting with strategy

Key takeaway

An overriding theme to emerge from the roundtable was the challenge of defining a mental health and well-being strategy. This is particularly acute for large, global organizations – often with country or regional authority – and diverse workforces. One participant summed up the scale of the task by referring to “systems complexity, fragmented, siloed and reactive efforts, and a danger of slipping into panic mode”.

“In a global organization like ours, there is a lot of country and regional autonomy, with limited command and control across the group from the centre – so achieving consistency across the business can be really difficult. Our global role on many issues, including well-being, is about providing thought leadership, insight, guidance and influencing divisions in each country to come on board. Some of them are hugely advanced, while others have barely started their journey.”

“Strategy is a key challenge: we have just gone through a merger of two companies with very different approaches to people issues: one having mental health first aiders, the other seeing a risk of taking on the burden of individuals’ mental health situation. Moving forward, the businesses will have to implement one strategy without going native.”

“Our challenge is to ensure a unified strategy, with input across different directorates, without removing the leadership and accountability required to make things happen. It’s hard to know where to focus resources, and in what order, because we can’t do everything at once.”

“An audit we conducted has shown we have several elements of a comprehensive mental and physical wellness policy, but uptake of our programmes is low.”

Many of the organizations represented employ a diverse global workforce, from highly trained professionals to shopfloor workers. Comments included:

“Look at the complexity around our global structure. We employ many thousands of people who tend to spend a lot of time at client sites in different locations, so they’re not necessarily in our offices.”



● The impact of COVID-19

Key takeaway

Roundtable participants agreed that the pandemic has taken a toll on their employees' mental health. In one instance, referrals to occupational health due to stress exceeded all other reasons for referrals. However the shift to flexible working, despite its benefits, has not been plain sailing for everyone – as some people work longer hours from home, the line between work-life balance has been blurred.

For others, the change has been more problematic:

“We are moving ahead with a hybrid model to give up to 50% of our staff the ability to work from home part of the time. Feedback from staff is they are concerned that this will cement the already long hours and blurring of work-life balance that we've seen over the last 18 months.”

“Since the pandemic, referrals to occupational health due to stress and mental health issues have exceeded all other reasons for referrals. We need to develop a holistic wellness strategy to prevent burnout across all of our staff.”

Unsurprisingly, COVID-19 has had a major impact:

“We've got quite a range of critical workers that needed to continue to work all the way through the pandemic, which has taken a toll on their mental health, so it's been a real challenge.”

Measures introduced to combat the pandemic, such as working from home, have found some positive outcomes:

“Many of our people are used to working in quite a flexible way and have welcomed this becoming the new normal.”



● Psychosocial risk management

Key takeaway

Organizations should distinguish between personal wellness and workplace well-being. Participants acknowledged that personal wellness activities, like yoga and meditation apps, do little to mitigate real psychosocial risk. Instead, focus on how to address work-related causes of ill-health from the source of stress.

“The focus on mental health is really positive but has presented us with challenges around helping the business to understand the difference between personal wellness and workplace well-being. It presents an issue whereby lived experience and associated wellness activities – such as mindfulness practice or yoga – have become areas of focus and the organizational opportunities to impact workplace well-being have not yet surfaced, such as job design or autonomy.”

“I think, like many others, we started off with a very big focus on individual wellness and there’s been quite a lot of investment around personal wellness activities such as classes and meditation apps. That’s great, but I think we’re starting to realize that’s not going to really tip the balance in terms of our psychosocial risk. We started to look more closely at why people were reporting that they were tired and stressed and feeling the impacts of their work on their mental health.”

The pandemic has added to a growing organizational focus on improving psychological health and safety, with a key theme emerging for most participants around how to address the work-related causes of mental ill-health. There was considerable discussion around the need to move the focus from individuals to what the organization can do:



“My concern is that, while employees realize that organizations have improved options for talking about mental health and have de-stigmatized the topic, they will be disappointed that the accountability for remedying mental ill-health has been placed with them as individuals, rather than with organizations to structure employment in a way that does not damage health.”

● Engagement and communication

Key takeaway

One size does not fit all when it comes to engaging with your employees across complex organizations. Diverse workforces require a mix of communications channels, and although employees are now adept at video calls, making a connection when people are not in the same room is a challenge. Finding common ground is vital, as is using tools like centralized platforms or apps.



Another common need was around engagement and communication across complex organizations. How do participants communicate their strategy to their diverse audiences, and point their people to the excellent activities and tools many are providing? And then, how do they create buy-in? Comments included:

“With such a diverse business we must use a variety of ways to communicate and engage with our workforce. We’ve gone through PowerPoint presentations, face to face training, and videos of our employees telling us about their experience of mental health. One size doesn’t fit all, and we need to focus on the recipient.”

“To move the conversation on mental health on, we’ve really focused on engagement and communication. We’ve done quite a lot of two-way staff surveys, using colleague feedback to influence what we push back out. What we found was a lot of isolation and loneliness. We did a big campaign around that, with real employees sharing video stories of their own lives that they simply took on their iPhones. It was a really good step forward. We had the most amazing response – they were all very different, so other employees could see, ‘Oh yes, that person is like me and I’m not the only one who’s feeling this way’.”

“Since the pandemic, we’ve all become comfortable with videocalls, but how do you make it as connected and collaborative as you can when we are distant from each other? It has meant learning a little more about the people that you’re with and finding little things to connect with them. So, we’ve spent time on that.”

“We use a centralized platform of communication with advisers to stop so many emails flying around. We made a specific spot on our platform that was for COVID-19, and we had additional communications that went out in-country that talked about our country-level employee assistance programme (EAP) provider, so if you’re in India you’re not speaking to somebody in the US.”

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“We’ve developed a digital learning proposition with Mental Health First Aid England which is freely available to everybody, and we do bang that drum quite a lot to encourage people to educate themselves. It’s really difficult with digital learning because, while some people love it, for others it’s just too passive and doesn’t hit home.”

● Organizational initiatives

Key takeaway

Roundtable participant's opinions were divergent on common organizational initiatives like mental health champions. For one organization, a network of 75 champions has served as a useful communications tool to promote guidance documents or new tools. Another has avoided the concept entirely due to the complexity of sufficiently supporting the champions to serve across different countries and demographics.

“We have a network of about 75 mental health champions and we're looking to expand it to 100. They have to be at least senior manager-level because they need to be able to navigate the organization and influence outcomes. They have had a level of training that increases their knowledge beyond what you would expect of a mental health first aider and are well-equipped to signpost and support people through the different pathways we have.

They continued, “They are also expected to be ambassadors for good mental health, and we drive out quite a lot of comms through them, so they promote learning opportunities, guidance documents, and new tools we launch, such as the guided mindfulness app Headspace. I meet with them every quarter, so we get quite a lot of good feedback about trends and issues at quite a granular level, on an anonymous basis.”

Others are less keen: “We've resisted having mental health champions because we don't see that this as the right approach to for our organization, with the population mix that we've got. How would we support these champions properly and consistently across different countries and employee demographics? I don't want people to go beyond their knowledge and abilities in the mental health area. We are going down the digital learning route, to build knowledge up gradually through the organization.”

“We have what we call ‘buddies’, who are people who identify themselves as being available to anybody who feels they would just like to talk to somebody.”

“We run an ‘Ask twice’ campaign, so asking if you're OK, and then asking again, just to give people a chance to reflect on how they're feeling.”

“We went through the mental health first aid course, but felt it focused a lot on the medical aspects, so I wanted something less detailed and less prescriptive for our people in general. We found a programme from Australia called ‘RUOK?’ It's very simple and focuses on helping people to actively listen for the right signals from a colleague who seems to be struggling, and be comfortable with asking them the right questions. It gives people the ability and the confidence to approach them and say, ‘Hey, are you OK?’ It focuses on that conversation and then knowing where to direct people to, whether that's their manager, a peer or someone else in the organization. So, it's not about you owning the problem or fixing it yourself. It has given people a level of comfort that there is a way to support colleagues without becoming too involved. It has really worked well for us.”



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While all participants agreed that their organizations “had the usual stuff” in terms of absence management, occupational health and an EAP, many have gone considerably further.

Divergent views were expressed over the value of mental health champions and first aiders. Some participants were wholly committed to them:

“We’ve introduced ‘Focus Weeks’, where we’ve taken the last two weeks of the year around Christmas, and also two weeks at mid-year, where we’ve asked our people to cancel out all non-business-critical meetings.”



“We’ve introduced ‘Focus Weeks’, where we’ve taken the last two weeks of the year around Christmas, and also two weeks at mid-year, where we’ve asked our people to cancel out all non-business-critical meetings. This is to allow them space to either focus on other work or take some time off without worrying about missing critical meetings. A lot of managers told us they felt those weeks were valuable, because they gave them a bit of a breather, along with their colleagues and team members, often for the first time in a while.”

“We’ve implemented a ‘Wellness Day’. As a company, from senior leadership down, we’re really pushing for people to focus on their well-being, to recharge and reset. We jokingly said, ‘You don’t even need to tell your family that you’re not going to work – just go to the movies or the spa – do something for you’. It didn’t cost us anything in the grand scheme of things but sent a good message.”

But such initiatives don’t work for everyone: “We’ve got a lot of manufacturing people, and every time we try to do something like this we can’t include them. We’re very conscious of avoiding a sort of caste system. The other difference with manufacturing is they are hourly-paid, so it’s very difficult to say, ‘Don’t work for two weeks.’ We do encourage them to take their vacation, and we’ve ramped up headcount so that they can.”

“We need to tailor initiatives so they’re right for different individuals, businesses and cultures, but how do we avert the risk of people saying things like, ‘Well, you only get X if you work at head office’? I just I don’t know what the answer is.”

● Team-level measures

Key takeaway

There's scope to make significant changes at team level. One participant shared a teamwork tool called 'manual of me'. Each team member is asked to share a document that will be helpful to their colleagues – such as insights into when they are most productive, or how they communicate best. Thinking out of the box can help to form real connections.

“We try to provide a lot of different tools to help people individually”

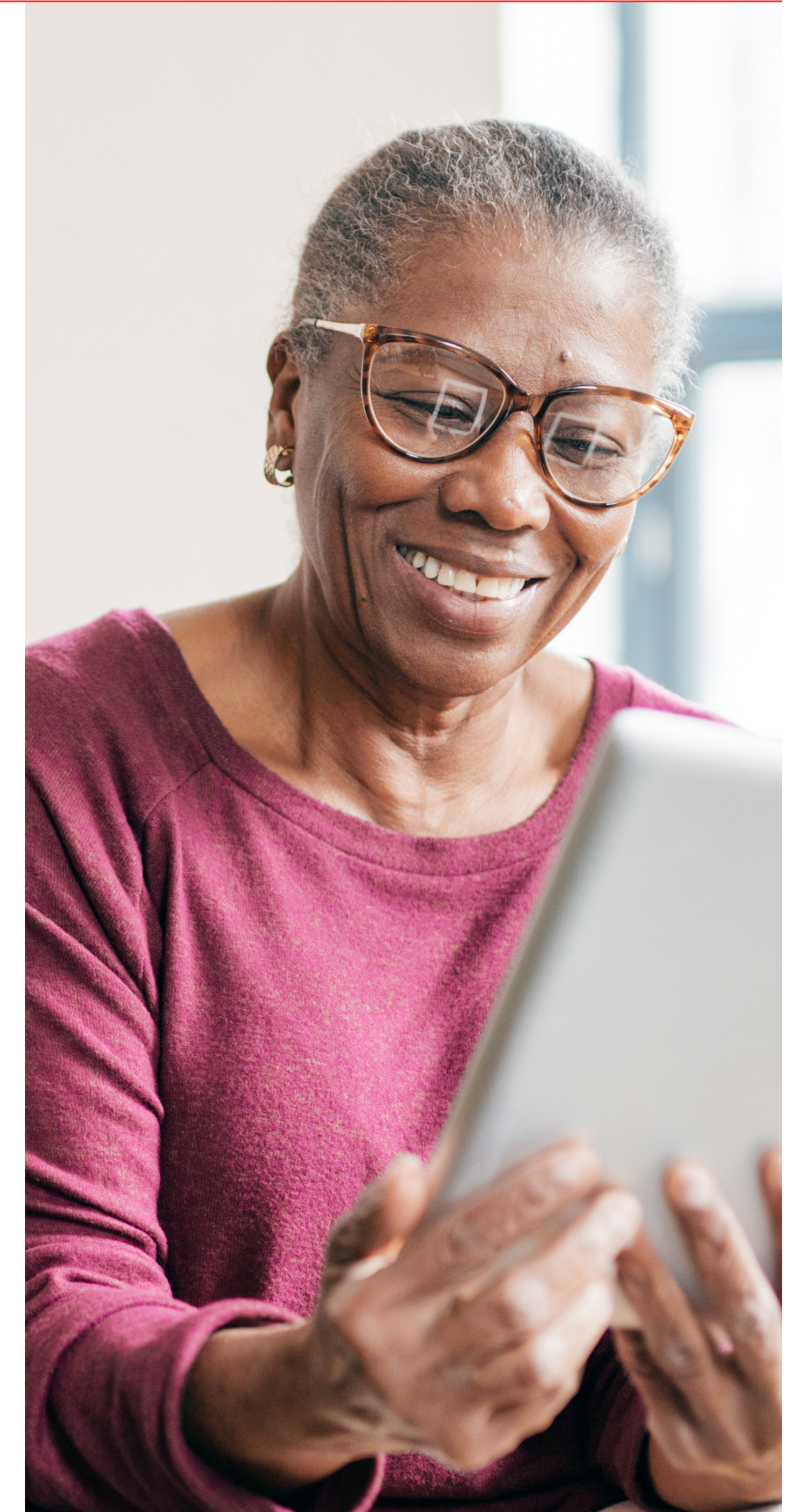
There's was considerable discussion about what can be done at the team level, an area where it was generally agreed that “we can make bigger change happen”.

As one participant put it: “We try to provide a lot of different tools to help people individually – we've all got the digital learnings, we've all got EAP tools, we've got Headspace, Grokker, and Thrive Worldwide. But it does come back to what you do as a team.”

Another explained a simple teamworking tool they've introduced: “It's a kind of 'manual of me' – a document that's supported by a facilitator's guide – whereby each team member prepares for a meeting where they'll talk about themselves in a way that's going to be helpful to their colleagues. It might be, 'I'm married with two kids', or 'I'm a particularly productive person in the mornings, but please don't schedule calls with me late in the day', or stuff around 'I'm an introvert' or 'I'm an extrovert'. The idea is that there's a facilitated discussion to talk about how to be productive as a team, recognizing that we're all different.

They continued, “Because of the way our teams are formed you can be with different teams throughout the year, so this tool is designed to help people navigate the changes in their relationships. Some people are very calm, confident and comfortable sharing every aspect of their lives. Others like to be more private. They share what they want to share, and if that is very little then that's OK.

“So, it's out there and we've had lots of really lovely anecdotal feedback. Even teams who've been working together for a long time say it's helped them by prompting discussion and learning about each other.”



Supporting managers

Key takeaway

The conversation around the role of team leaders has shifted in recent years: previously, leaders were asked to avoid raising people's mental well-being. Today, those open conversations are actively encouraged. The importance of upskilling, educating and empowering managers so that they are able to facilitate and navigate these types of conversations, catering to different communications styles and skills, is a vital piece of the puzzle.



Invariably, organizations place huge value on the role of line managers and team leaders, and are keen to support them:

“We spent many years telling managers to avoid asking about people's medical or psychological issues. We didn't want managers getting into a spot where somebody could claim they didn't get a promotion because their manager knew they had X, Y or Z problem. Now, the challenge we face is how do we swing the pendulum back to make it OK to have those conversations?”

“We really need to consider how we can upskill, educate and empower managers. It is probably a lot easier to do if you're a 50-person organization than when you're very large.”

“We suggested ways we as an organization could help our managers, whether that's talking to our EAP, looking at some of the HR support, or talking to their own manager. If managers were having to prepare for a difficult conversation, as well as giving them formal training, we directed them to the EAP and said, ‘You know you can talk to them about how to tackle this or talk through things afterwards that have left you stressed or upset.’”

One participant touched on the theme of neurodiversity, which is the range of differences in individual brain function and behavioural traits – such as sociability, learning, attention and mood: “We've got quite a loud employee voice around neurodiversity. We must equip managers to be able to facilitate and navigate a conversation where people have different communication styles and skills, or maybe neurodiverse conditions such as ADHD, Autism, Dyspraxia and Dyslexia.”

“We really need to consider how we can upskill, educate and empower managers. It is probably a lot easier to do if you're a 50-person organization than when you're very large.”

● Measuring impact

Key takeaway

Measuring the impact of mental health initiatives remains a universal challenge. The uptake of employee assistance programmes (EAPs) is highlighted as a quantifiable measurement – be it the number of website visits, or video views on webinars. Framing mental health assistance in the right way can foster trust and encourage uptake. In one example, simply changing the name from EAP to ‘confidential advice line’ saw an increase in usage.

“We’ve started having good uptake of our EAP. I think it’s about how mental health information and assistance is framed, how you look at each of your individual markets, using a common platform, but addressing people in lots of different ways. On traditional counselling, whether by phone or in-person we are up to about 4-5%, which is normal, but when you look at the number of views of the website and of webinars we’ve produced, we’re into thousands of people.”

“We spent a lot of time with the EAP provider to really understand their services – things like talking therapies that are just so undervalued, but also interventions like financial guidance and debt management that can avert a crisis.”

“Some employees think it’s not confidential, and I read an article recently where a company simply changed the name from EAP to ‘confidential advice line’ and saw an increase in usage.”

“We drove EAP usage up to 20%, which is almost unheard of. The biggest barriers were the concern over confidentiality, and reluctance to take up some of the talking therapies. People didn’t know what the experience involved. We tackled obstacles by creating some champions – asking people who’d accessed the EAP if they were happy to talk about it – and that reassured others.”



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For most participants, the challenge of evaluating the impact of mental health initiatives remained largely just that, a challenge:

“Aside from anecdotal evidence of people saying they like an initiative and it’s helping them, how can we tell if it’s actually helping manage our psychosocial risk?”

One quantifiable area was usage of EAPs, which several organizations had driven up:

● You're not alone

Key takeaway

Coming together with others responsible for managing mental health, engagement and well-being is a way to gain reassurance that experienced professionals share common ground.

“There’s a lot of expectation from boards and senior management about getting this right, and sometimes it can feel isolated working in this field. It’s reassuring to see we’re all going through this and knowing we’re not alone.”

Feedback from the participants suggested they derived several benefits from the event, including learning from other experienced practitioners, identifying best practice in other organizations, and gaining reassurance over common challenges and the journey ahead.

They noted the intensity of organizations’ current focus on mental health and well-being from the highest levels. As one summed up: “There’s a lot of expectation from boards and senior management about getting this right, and sometimes it can feel isolated working in this field. It’s reassuring to see we’re all going through this and knowing we’re not alone.”

BSI will continue to convene these peer groups sessions for senior leaders at regular intervals. If you would like to participate please let your BSI Account Manager know.



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Further information

You can download your own copy of BSI's Prioritizing People Model® whitepaper [here](#). Further information on ISO 45003 can be found [here](#).

BSI complete health, safety and well-being solutions can be found [here](#).



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